

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 171889	RECEIPT DATE:	10 / 29 / 99
IA NUMBER:	PCT/ SE97 / 00855	IA FILING DATE:	05 / 26 / 97
FAMILY NAME:	PERSSON	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	JAN-OVE	DEMAND RECEIVED (Y/N):	Y
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	05 / 24 / 96
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	88 985.9	COUNTRY:	SEX
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	TELEPHONE	
		FAX	
NAME:	JAMES RAY & ASSOCIATES		
STREET:	300 PENN CENTER BLVD		
	SUITE 608		
CITY:	PITTSBURGH		
STATE/COUNTRY:	PA	ZIP:	15235
EMAIL:			
APPLICATION TITLES:			
	VOICE PROSTHESIS		

TAB TO LAST POSITION,PUSH SEND

SERIAL NUMBER 09/171,889	FILING DATE 10/28/98	CLASS 704	GROUP ART UNIT 2741	ATTORNEY DOCKET NO. SG98519
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APPLICANT

JAN-OVE PERSSON, HOOR, SWEDEN.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*  
VERIFIED

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*  
VERIFIED THIS APPLN IS A 371 OF PCT/SE97/00855 05/26/97

\*\*FOREIGN APPLICATIONS\*\*\*\*\*  
VERIFIED SWEDEN 9601995-5 05/24/96

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 09/28/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY SEX	SHEETS DRAWING 6	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 1
Verified and Acknowledged Examiner's Initials _____ Initials _____					

ADDRESS

JAMES RAY & ASSOCIATES  
2640 PITCAIRN ROAD  
MONROEVILLE PA 15146

TITLE

VOICE PROSTHESIS

FILING FEE RECEIVED  \$1,492	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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